Case: 1:19-cv-00715-BYP Doc #: 1 Filed: 04/01/19 1 of 6. PageID #: 1

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

2019 APR - 1 - PM 2: 37

IN THE UNITED STATES DISTRICT COURT OF DESTRICT OF DESTRICT OF OFFICE OFFICE OF OFFICE OFFICE

Andre Jenkins (Enter above the full name of the plaintiff in this action)	CIVIL CASE NO. 1:10 CV 7
Vs. Armond Budish-Cuychaga Exec. Clifford Pinkey-Sheriff Kenneth Mills-Director Eric Ivey-Warden Jane Platten-Metro Health Chief (Enter above the full name of the defendant(s) in this action	COMPLAINT JUDGE PEARSON WAG. JUDGE BURKE
I. Previous Lawsuits	
 A. Have you begun other lawsuits in state or feder this action or otherwise relating to your imprison B. If your answer to A is yes, describe the lawsuit lawsuit, describe the additional lawsuits on another. 1. Parties to this previous lawsuit 	nment? YES NO
Plaintiffs	
Defendants	
2. Court (if federal court, name the district; if state co	urt, name the county)
•	
3. Docket Number	* * * * * * * * * * * * * * * * * * * *
4. Name of judge to whom case was assigned	

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).

A. Name of the Plaintiff Andre Jenkins

Address Chychoga Cawty Icil, P.O. Rox 5600 Clesdard Ohio 44104

(In item B below, place the full name of the defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Use item C for the names, positions and places of employment of any additional defendants).

- B. Defendant Armond Budish Cayahoga County Execis employed as
 1219 Ontario 8t. at Cleveland Ohio 44113
- C. Additional Defendants Clifford Pinkey Sheriff, Kennth Mills Director Eric Ivery Warden, Jane Platten Metro Health Chiefof Stoff

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separated paragraph. Use as much space as you need. (Attach extra sheet(s) if necessary).

ON or about 11-30-2018, while awaiting Trial in the Cuyahoga County Jail I was being Denied my Mental Health Medication. I Requested to speak to a Mental Health Expert to No Avail. The C.O. Repetively Kept Denying my Request for Help. The lack of my Mental Health Medication I started to Act at in Fear due to Anxiety and my P.T.S.D... I covered up my Window in hopes to alert the proper personal with Toilet paper,

The C.O. opened my door and Violently pushed me Back and pulled Down the Toilet Paper. I ended up with a Cut ON my finger as a result of the C.O pushing violently backwards. I was finally esconted by Corporal Haviller to medical and Treated for my hand Injury. I told the Mental health person I felt Suicidal but was Devied Treatment. I was then sent Back to Seq. and dented SRT Hives that I still Felt Suicidal. I had to Cover up my Window with Toilet Paper to receive treatment. I was sent to the 17th Floor and put on observation. I was on Suicide watch from 12-5, to 12-8, 2018 and received No Counseling. I was Returned back to Seq. 10 A due to the Fact the C.O. Claimed I assaulted him as a result of Refusing me Mental health Treatment I received a Injury as a result of the C.O. opening my Cell Door without a Supervisor present and used <u>Violent torce</u> against me. I was placed on Security Seg. because I was requesting Mental Health Bervices. I was assaulted by a SRT officer and received a hand injury as a result. C.O. Issued me a Conduct. Report for Assault due to the Fact the Jail Failed to conduct a use of Force Hearing. I was held under A.D.P.I passed the 24 hour Required to Hear a Concluct Report. Again a use of Force Hearing was

Not Conducted due to the fact of the U.S. Marshals that
the Jail is operationa under Inhumane. Conditions which
is affecting my Mental Health.
I was then Taken to 10-H Cell 6, which is covered in Blace
Mold. The rain water Continuessley Rans into my Cell From
the Koot when it Kains.
I contacted the health Department Regarding the issue of Black Mold. I have to Keep wiping it up by
issue of Black Mold. I have to keep wiping it up by
hand. I've Been Feeling sick Due to the Black mold and
the water I Drink here.
The food Trays are Infested with stagnant water
Breakfast is only Consisting of two of the Major
Food groups Calorie Intake at best is 1200 to 1400
per day.
Ventelation is Not operating properly. It stinks of
feces and wine.

T 7	Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes).

Correct the Problem with Mental Health

Services good Medical. Award Plaintiff 12,500,000.00

Grant Juny Demand.

Signed this 28th day of March

B 8019

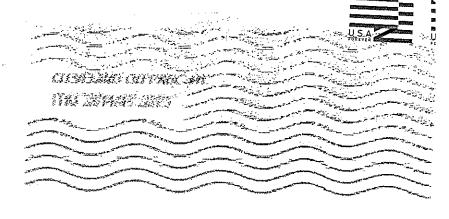
I declare under penalty of perjury that the foregoing is true and correct.

3-28-19

(Date)

(Signature of Plaintiff)

Andre Jenkins 0227570 Cuychoga County Jai(1-10-H P.O. Box 5600 Cleveland, Ohio



Office of the Clark
United States District Court, Northern District?
Carl B. Stokes United States Courthouse
801 West Superior Are
Cleveland, Ohio 44113-1830